

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|-------------|----------|
| FEE DETERMINATION | | 71530 | 10-13-98 |
| O.I.P.E. CLASSIFIER | <i>DM</i> | 31 10-15-98 | |
| FORMALITY REVIEW | | 12223 | 10/22/98 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restrictor
 N Non-elected
 I Interference
 . Appeal
 . Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
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| 46 | ✓ |
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| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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| 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

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